

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/527100

3 Please refund the following fee(s):

	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 07-0630

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Rule change - 08 Dec 2004

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: *Terry M. Johnson, DASES*

TITLE: *Supervisor*

PHONE: *703-308-9140*

X221

OFFICE: *DO/ED*

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

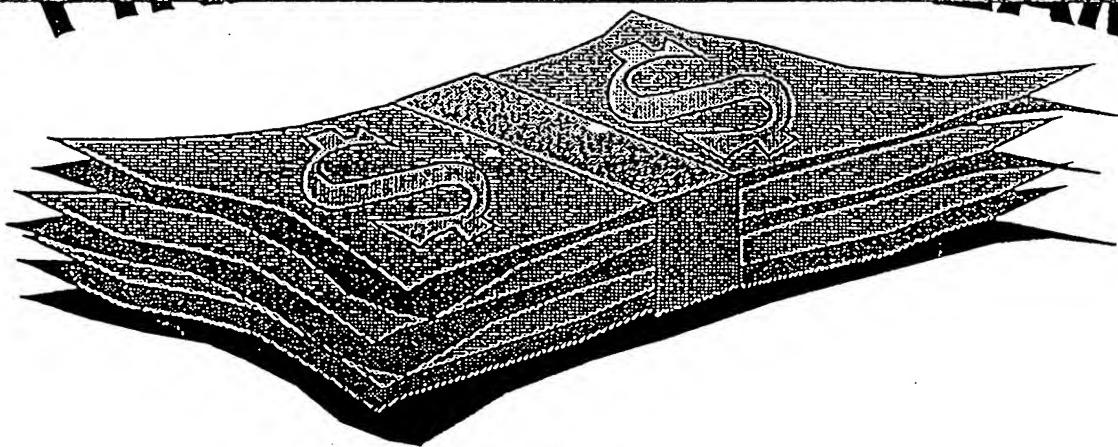
APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5TH FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM

TO

CODE

Fee Amount

1632

500

CODE

Fee Amount

1642

400

ER:

THE ORIGINAL METHOD OF PAYMENT WAS

CHARGE VOUCHER IS ATTACHED TO CHARGE/REFUND ADDITIONAL FEES

BY A CHECK

OTHER: _____

BY A CHARGE TO DEPOSIT ACCOUNT NO. 07-0630

REQUESTED BY:

Lerry M. Johnson

DATE: